DEDHAM RECREATION DEPARTMENT WINTER WRESTLING PROGRAM

NAME	AGE	DOB	
ADDRESS	CITY	ZIP	
PARENT/GUARDIAN NAME		TEL#	
HAVE YOU EVER PARTICIPATED IN THE RECREA	TION WRESTLING P	PROGRAM? YES _	NO
PLEASE CIRCLE DESIRED PROGRAM			
GRADES 5-8 DOLAN RECREATION CENTER 269 COMMON S TUESDAY & THURSDAYS6:00-7:30PM STARTING WEEK OF NOVEMBER 29 TH THRU MA			
FEEDEDHAM RESIDENTS \$75.00 REGISTRATION BEGINS MONDAY, OCTO	OBER 4, 2010		
NON-RESIDENTS\$90.00 REGISTRATION BEGINS TUESDAY, OCTO	DBER 12, 2010		
GRADES 1-4 NOBLE & GREENOUGHS WRESTLING ROOM MONDAYS6:00- 7:30PM STARTING WEEK OF JANUARY 3, 2011 THRU M.	ARCH 18, 2011		
FEEDEDHAM RESIDENTS\$40.00 REGISTRATION BEGINS MONDAY, OCTOE	BER 4, 2010		
NON RESIDENTS\$50.00 REGISTRATION BEGINS TUESDAY, OCTOB	BER 12, 2010		
BY MY SIGNATURE, I HEREBY RELEASE THE TOV FROM ANY LIABILITY REGARDING INJURY WHII	•		
PARENT/GUARDIANS SIGNATURE			
DATE			